

**TC-9502**

**1982 CENSUS OF TRANSPORTATION**  
**TRUCK INVENTORY AND USE SURVEY**

O.M.B. APPROVAL NO. 0507-0390: EXPIRES 12/84.

**NOTICE**—Response to this inquiry is required by law (title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

Please complete this  
form and RETURN TO

**BUREAU OF THE CENSUS**  
1201 East Tenth Street  
Jeffersonville, Indiana 47134

**DUE DATE: 15 days after receipt of form**

*Important - Please read*

All questions on this form refer to the vehicle described below and its use **during the past 12 months** (or the last 12 months you operated it). If there are errors in the vehicle registration information, consult the instruction sheet before continuing with the questionnaire.

ESTIMATES ARE ACCEPTABLE.

In correspondence pertaining to this report,  
please refer to this Census File Number (CFN)

Please correct errors in name, address, and ZIP code. ENTER street and number if not shown.

CENSUS USE		2		3		4		5		6		7	
<b>REGISTRATION INFORMATION</b>													
Make of vehicle		Year of model		State		License number		Vehicle identification number (VIN)					
101		102		103		104		105					
<b>Item 1 - Is this vehicle still in your possession?</b>													
201 <input type="checkbox"/> YES - Are you the - 202 <input type="checkbox"/> Owner? } SKIP to item 2 and continue with questionnaire <input type="checkbox"/> Lessee? }  2 <input type="checkbox"/> NO - Please continue with this questionnaire, answering each item according to how you used the vehicle during the last 12 months you owned (or leased) it. Continue with items 1a and b.  <b>a. When did you dispose of this vehicle?</b> <div style="float: right; margin-right: 50px;">Month      Year</div> <div style="clear: both;"></div> <div style="margin-top: 10px;">Enter figures only → <span style="border: 1px solid black; padding: 2px 10px;">203</span></div> <b>b. How did you dispose of this vehicle?</b>  204 <input type="checkbox"/> Sold it (or gave it away) <input type="checkbox"/> Junked or scrapped it <input type="checkbox"/> Returned to leasing company													
<b>Item 2 - When did you obtain this vehicle?</b>													
<div style="float: right; margin-right: 50px;">Month      Year</div> <div style="clear: both;"></div> <div style="margin-top: 10px;">Enter figures only → <span style="border: 1px solid black; padding: 2px 10px;">205</span></div>													
<b>Item 3 - How did you obtain this vehicle?</b>													
206 <input type="checkbox"/> Purchased it new ..... } SKIP to item 4 <input type="checkbox"/> Purchased it used (or otherwise acquired) ..... }  <input type="checkbox"/> Leased or rented it from someone else - Continue with items 3a and b													
<b>a. How was this vehicle leased or rented?</b>													
207 <input type="checkbox"/> Without a driver <input type="checkbox"/> With a driver <input type="checkbox"/> With an owner-operator as driver													
<b>b. Was this a long-term lease or rental agreement (12 months or more)?</b>													
208 <input type="checkbox"/> YES - What type was it? <input type="checkbox"/> Financing (no maintenance) <input type="checkbox"/> Financing and full maintenance <input type="checkbox"/> Other  <input type="checkbox"/> NO													
<b>Item 4 - Did you lease or rent out this vehicle to anyone else?</b>													
209 <input type="checkbox"/> YES - Continue with items 4a and b  <input type="checkbox"/> NO - SKIP to Item 5													
<b>a. How was it leased or rented out?</b>													
210 <input type="checkbox"/> Without a driver <input type="checkbox"/> With a driver <input type="checkbox"/> With an owner-operator as driver													
<b>b. Was this a long-term lease or rental agreement (12 months or more)?</b>													
211 <input type="checkbox"/> YES - What type was it? <input type="checkbox"/> Financing (no maintenance) <input type="checkbox"/> Financing and full maintenance <input type="checkbox"/> Other  <input type="checkbox"/> NO													
<b>Item 5 - How many axles are on this vehicle and how many of them are driving axles?</b> (Do not include axles on any trailers pulled.)													
<b>a. Total number of axles on truck or truck-tractor (power unit):</b> 300 <input type="checkbox"/> Two axles (4 tires) <input type="checkbox"/> Two axles (6 tires) <input type="checkbox"/> Three axles <input type="checkbox"/> Four or more axles  <b>How many, IF ANY, are liftable axles?</b> → <span style="border: 1px solid black; padding: 2px 10px;">301</span>													
<b>b. Number of driving (powered) axles on truck or truck-tractor (power unit):</b> 302 <input type="checkbox"/> One driving axle <input type="checkbox"/> Two driving axles <input type="checkbox"/> Three or more driving axles													
<b>Item 6 - How would you best describe this vehicle as it was most often operated?</b> (If the vehicle is a pickup, compact van, or panel truck, enter body type on the "Other" line.)													
303 <input type="checkbox"/> Straight truck <input type="checkbox"/> Straight truck pulling trailer(s) <input type="checkbox"/> Truck-tractor (power unit) pulling trailer(s) <input type="checkbox"/> Other - Specify _____													
<b>Item 7 - If you indicated in item 6 that you operated this vehicle with trailer(s) attached, indicate below the kind of trailer(s) you most often pulled.</b> Mark (X) one box only.													
<b>a. One semi-trailer, used with truck-tractor (power unit).</b> 307 <input type="checkbox"/> One axle on trailer <input type="checkbox"/> Two axles on trailer <input type="checkbox"/> Three or more axles on trailer  <b>How many, IF ANY, of the trailer's axles are liftable?</b> → <span style="border: 1px solid black; padding: 2px 10px;">306</span>													
<b>b. Two trailers, one semi- and one full *used with truck-tractor (power unit):</b> 308 <input type="checkbox"/> Three axles on two trailers <input type="checkbox"/> Four axles on two trailers <input type="checkbox"/> Five axles on two trailers <input type="checkbox"/> Six or more axles on two trailers  <b>How many, IF ANY, of the trailer's axles are liftable?</b> → <span style="border: 1px solid black; padding: 2px 10px;">306</span>													
<b>c. Three trailers, one semi- and two full *used with truck-tractor (power unit):</b> 309 <input type="checkbox"/> Five axles on three trailers <input type="checkbox"/> Six axles on three trailers <input type="checkbox"/> Seven axles on three trailers <input type="checkbox"/> Eight or more axles on three trailers  <b>How many, IF ANY, of the trailer's axles are liftable?</b> → <span style="border: 1px solid black; padding: 2px 10px;">306</span>													
<b>d. One full trailer *used with straight truck:</b> 310 <input type="checkbox"/> Two axles on trailer <input type="checkbox"/> Three axles on trailer <input type="checkbox"/> Four or more axles on trailer  <b>How many, IF ANY, of the trailer's axles are liftable?</b> → <span style="border: 1px solid black; padding: 2px 10px;">306</span>													
<b>e. Other - Please describe in detail the number of trailers and axles on those trailers. Also give number of any liftable axles on trailer(s).</b>  311 _____													
* or Semi-trailer with converter dolly													
<b>Item 8 - What type of cab does this vehicle have?</b>													
312 <input type="checkbox"/> Cab forward of engine <input type="checkbox"/> Cab over engine <input type="checkbox"/> Short hood/nose conventional (less than 97 in, bumper to back of cab - BBC) <input type="checkbox"/> Medium hood/nose conventional (97-114 in, bumper to back of cab - BBC) <input type="checkbox"/> Long hood/nose conventional (more than 114 in, bumper to back of cab - BB) <input type="checkbox"/> Cab beside engine <input type="checkbox"/> Other													

**PENALTY FOR FAILURE TO REPORT**

**CONTINUE ON PAGE 2** 

**Item 9a** - Please indicate the body type which most closely resembles this vehicle or, the trailer most often attached to it, if the power-unit is a truck-tractor.

313

**PLATFORM TYPES**

05 ☐ Low boy (gooseneck) - platform with depressed center

06 ☐ Basic platform - including flatbed, stake, etc.

04 ☐ Platform with devices permanently mounted on bed of truck - such as high lift, lift gate, hoist, etc.

**VAN TYPES**

12 ☐ Basic enclosed van (dry cargo)

10 ☐ Drop frame van - including furniture van, etc.

08 ☐ Insulated, non-refrigerated van

09 ☐ Insulated, refrigerated van

03 ☐ Multistop or step van

11 ☐ Open top van, including low-side grain, fruit

**SPECIALIZED USE TRUCKS**

19 ☐ Automobile transport

13 ☐ Beverage truck

28 ☐ Cargo container chassis

70 ☐ Concrete mixer

40 ☐ Dump truck

29 ☐ Grain bodies (hoppers)

**SPECIALIZED USE TRUCKS - Con.**

30 ☐ Garbage truck

07 ☐ Livestock truck, including livestock drop frame

27 ☐ Oilfield truck - service equipment permanently mounted on vehicle

17 ☐ Pole, logging, or pipe truck

22 ☐ Service truck or "craftsman's vehicle" - body equipped for mobile repair and service

60 ☐ Tank truck for dry bulk

50 ☐ Tank truck for liquids or gases

14 ☐ Utility truck - used in public utility operations (telephone line truck, etc.), body equipped for major repair (may have aerial lift, derrick, etc.)

15 ☐ Winch or crane truck - lifting equipment (including roll on, roll off) permanently mounted on vehicle

16 ☐ Wrecker - for motor vehicle towing or lifting

23 ☐ Yard tractor - cab and chassis ONLY, used to spot trailers

**NOTE** - If none of the above descriptions match the body type of this vehicle, or the trailer usually attached to it, mark the "Other" box below and describe.

80 ☐ Other - Specify \_\_\_\_\_

**b. What is the overall length of this vehicle or combination (distance from front bumper to rear of truck or rear of the last trailer attached)?**

314 Feet

**Item 10 - What is the weight of this vehicle or vehicle/trailer combination when empty?**

An estimate is acceptable.

315 Pounds

**Item 11 - What was the average weight of the vehicle or vehicle/trailer combination when carrying a typical payload during the past year?**

An estimate is acceptable.

316 Pounds

**Item 12 - What was the maximum gross weight (MGW) at which this vehicle or vehicle/trailer combination was operated?**

An estimate is acceptable.

320 Pounds

**Item 13 - What kind of fuel does this vehicle use?**

321 1 ☐ Gasoline

2 ☐ Diesel

3 ☐ Liquefied petroleum gas (LPG)

4 ☐ Other - Specify fuel \_\_\_\_\_

**Item 14 - How many cylinders does this vehicle have?**

322 1 ☐ 4 cylinders

2 ☐ 6 cylinders

3 ☐ 8 cylinders

4 ☐ Other - Specify unit \_\_\_\_\_

**Item 15 - What is the size (displacement) of your engine? Enter cubic inches, cubic centimeters, or liters, whichever is applicable.**

Cubic inches (CI) 323 \_\_\_\_\_ OR Cubic centimeters (CC) 324 \_\_\_\_\_ OR Liters (L) 325 \_\_\_\_\_

**Item 16 - What is the horsepower rating of this vehicle's engine?**

326 Horsepower

**Item 17 - What kind of transmission does this vehicle have?**

327 1 ☐ Manual

2 ☐ Automatic

**Item 18 - What type of brakes does the power unit (truck or truck-tractor) have?**

328 1 ☐ Hydraulic (standard)

2 ☐ Hydraulic with power assist

3 ☐ Air

**Item 19 - Does this vehicle have any of the following equipment? Mark (X) as many as apply.**

329 01 ☐ Aerodynamic features

02 ☐ Axle or drive ratio to maximize fuel efficiency

03 ☐ Fuel economy engine with low RPM, high torque rise, turbo-charge, etc.

04 ☐ Reflective materials (in addition to those required by law)

05 ☐ Radial tires

06 ☐ Road speed governor

07 ☐ Variable fan drives

08 ☐ Other fuel conservation features

09 ☐ Power steering

10 ☐ Air conditioning in cab

11 ☐ Engine retarder

**Item 20 - Who performed the general maintenance and major overhauls on this vehicle? Mark (X) as many as apply.**

	General maintenance	Major overhauls
330 Yourself	1 <input type="checkbox"/>	331 1 <input type="checkbox"/>
Your company's own maintenance facilities	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Dealership's service department	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Leasing company	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Independent garage or private mechanic	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Component distributorship	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Other - Specify _____	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**Item 21 - How many miles was this vehicle driven during the past 12 months?**

An estimate is acceptable.

**NOTE** - If driven less than 12 months, please estimate mileage for a full year.

332

**Item 22 - How many miles has this vehicle been driven since it was new?**

**NOTE** - If it is no longer in your possession, please estimate the total lifetime mileage at the time you last operated it. If the odometer/speedometer is broken, please give your best estimate. If the odometer has turned over (100,000 + miles), please enter the total figure.

333

**Item 23 - How many miles-per-gallon (MPG) did this vehicle average during the last year? (Use tenths, if available.)**

Miles	Tenths
Example: 10.5 MPG should be entered as	10 5

Enter miles per gallon → 334 Miles Tenths

**Item 24 - Where was the home base of this vehicle?**

350 City \_\_\_\_\_

351 County \_\_\_\_\_ 352 State \_\_\_\_\_ 353 ZIP code \_\_\_\_\_

**Item 25 - What percent of annual mileage was driven OUTSIDE the home base state? An estimate is acceptable.**

354 Percent \_\_\_\_\_ %

**Item 26 - What PERCENTAGE of this vehicle's ANNUAL MILEAGE was accounted for by the type of trips listed below? (If all trips were within one range, enter 100%. If more than one range is applicable, be sure that percentages add up to 100%.)**

	Percent
Trips off-the-road, little travel on public roads	360 _____ %
Trips within a 50 mile radius of vehicle's home base	361 _____ %
Trips within a 50-200 mile radius of vehicle's home base	362 _____ %
Trips beyond a 200 mile radius of vehicle's home base	363 _____ %
<b>TOTAL - Should equal 100%</b>	<b>100%</b>

**Item 27a - Which of the following best describes the primary way this vehicle was operated?**

401

**NEVER FOR HIRE**

1 ☐ BUSINESS USE - Operated by and for a private business (including self-employers) or a company; used in related activities of that business (including transportation of personnel) ..... SKIP to Item 28

2 ☐ PERSONAL TRANSPORTATION - Operated as a personal-use vehicle in place of an automobile for pleasure driving, travel to work, etc. (NO BUSINESS USE) ..... SKIP to Item 30

3 ☐ MIXED - A mixture of both business use and personal transportation

Percent personal transportation 402 \_\_\_\_\_ %

Percent business ..... 403 \_\_\_\_\_ % } SKIP to Item 28

**ALWAYS FOR HIRE - ICC regulated?**

411 1 ☐ YES

2 ☐ NO

4 ☐ MOTOR CARRIER - Operated by a company whose primary business is to provide transportation services, carrying freight belonging to others ..... Complete items 27b and c below.

5 ☐ OWNER/OPERATOR - Operated by an independent trucker who drives vehicle for himself or on lease to a company ..... Complete items 27b and c below.

6 ☐ MIXED - A mixture of private carriage and common and/or contract carriage

Percent not for hire (private) ..... 404 \_\_\_\_\_ %

Percent for hire ..... 405 \_\_\_\_\_ % } Complete items 27b and c below

7 ☐ DAILY RENTAL OR SHORT TERM LEASE - Rented or leased out to various operators and for various activities, under daily or short term rental or lease agreements ..... SKIP to Item 28

**b. What was the FOR HIRE jurisdiction in which vehicle operated?**

406 1 ☐ Interstate

2 ☐ Intrastate

3 ☐ Local - in a single municipality, contiguous municipalities or a municipality and its suburban area; in commercial zones

**c. In what type of carrier service was the vehicle involved? Enter percentage of mileage.**

	Percent
407 1 <input type="checkbox"/> Contract - offered transportation service to certain shippers under specific contracts	408 _____ %
2 <input type="checkbox"/> Common - offered transportation service to the general public over regular or irregular routes	409 _____ %
3 <input type="checkbox"/> Exempt - transported commodities or provided types of services that were exempt from Federal regulation; operated within exempt commercial zones	410 _____ %

**Item 28** - Which of the following best describes your business or the part of your business in which the vehicle was used? If the vehicle was leased, indicate business of lessee.

414 ☐ AGRICULTURAL ACTIVITIES  
 42 ☐ FORESTRY OR LUMBERING ACTIVITIES  
 43 ☐ CONSTRUCTION WORK - buildings, homes, roads, structures, etc.  
 44 ☐ CONTRACTOR ACTIVITIES OR SPECIAL TRADES - painting, plumbing, electrical work, masonry, carpentry, etc.  
 45 ☐ MANUFACTURING, REFINING, OR PROCESSING ACTIVITIES  
 46 ☐ WHOLESALE TRADE  
 47 ☐ RETAIL TRADE  
 48 ☐ PERSONAL SERVICES - used to assist in such services as lodging operations, landscaping, repair (except plumbing, electrical work, etc. - see "Contractor Activities"), laundry, advertising, entertainment, etc.  
 49 ☐ UTILITIES - used to assist in operation or service of public utilities (telephone, gas, electric, etc.)  
 50 ☐ MINING OR QUARRY ACTIVITIES - used to assist in the extraction of natural resources  
 51 ☐ DAILY RENTAL - rented out, without a driver, to someone else on a daily or short-term basis  
 52 ☐ GOVERNMENTAL OPERATIONS  
 53 ☐ NOT IN USE - vehicle idle, wrecked, awaiting repair, etc., for more than 90 days  
 54 ☐ FOR HIRE TRANSPORTATION - including small package delivery  
 55 ☐ Other - Please describe in detail

**Item 29** - From the following list of products, materials, and equipment, indicate which item or items this vehicle carried. Write in the approximate percentage of the vehicle's annual mileage that was accounted for while carrying loads and while empty (backhauls, etc.). Be sure that percentages add up to 100%. (See instruction sheet for further explanation and examples.)

**a. PRODUCTS, EQUIPMENT, MATERIALS, ETC.**

	Percentage of annual mileage
(1) Agricultural and Food Products	415 %
(a) Live animals - cattle, horses, poultry, hogs, etc.	416 %
(b) Fresh farm products - grain, crops, flowers, nursery stock, raw milk, raw tobacco, etc.	417 %
(c) Processed foods - canned goods, prepared meats, frozen foods, beverages, dairy products, tobacco products, etc.	418 %
(2) Mining Products, Unrefined - crude oil, coal, metal ores	419 %
(3) Building Materials - gravel, sand, concrete, glass, etc. (except cut lumber - see "Lumber")	420 %
(4) Forestry, Wood, and Paper Products	421 %
(a) Logs and forest products - except cut lumber and fabricated wood products (see below)	422 %
(b) Lumber and fabricated wood products - except furniture (see (7) below)	423 %
(c) Paper and paper products	424 %
(5) Chemicals, Petroleum, and Allied Products	425 %
(a) Chemicals and/or drugs (including fertilizers, pesticides, cosmetics, paints, etc.)	426 %
(b) Petroleum and petroleum products	427 %
(c) Plastics and/or rubber products	428 %
(6) Metals and Metal Products	429 %
(a) Primary metal products - pipes, ingots, billets, sheets, etc.	430 %
(b) Fabricated metal products - except machinery or transportation equipment (see below)	431 %
(c) Machinery - electrical or nonelectrical	432 %
(d) Transportation equipment (including complete vehicles) and parts	433 %
(7) Other Manufactured Products	434 %
(a) Furniture (wood and nonwood) and/or hardware - not involved in household moving	435 %
(b) Textiles and apparel - fibers, leather goods, carpets, clothing, etc.	436 %
(8) Miscellaneous	437 %
(a) Moving of household and office furniture - from home, offices, etc., under contract	438 %
(b) Miscellaneous tools and/or parts for specialized use, as in a craftsman's vehicle - traveling workshop for plumbers, carpenters, road service crews, etc.	439 %
(c) Mixed cargo, general freight	440 %
(d) Scrap, garbage, trash	441 %
(9) Other (not elsewhere classified) - Please describe in detail	442 %
<b>b. NO LOAD CARRIED - Vehicle empty</b>	443 %
<b>TOTAL - Should equal 100%</b>	100%

**Item 30** - At any time during the past 12 months, was this vehicle (or combination) used to haul hazardous materials in quantities large enough to require a special placard placed on the vehicle due to the Code of Federal Regulations, title 49, Transportation?

438 1 ☐ YES - Continue with items a and b  
 2 ☐ NO - Go to Item 31

**a. What type(s) of hazardous materials were carried by this vehicle?**  
 Mark (X) as many as apply.

439 1 ☐ Flammables or combustibles 5 ☐ Hazardous waste  
 2 ☐ Acids, poisons, caustics, etc. 6 ☐ Hazardous materials not listed above  
 3 ☐ Explosives  
 4 ☐ Radioactive materials

**b. Approximately what percent of this vehicle's annual mileage was accounted for by carrying these hazardous materials?**

440 1 ☐ Below 25% 3 ☐ 50-74%  
 2 ☐ 25-49% 4 ☐ 75-100%

**Item 31** - Please enter below the number of any ADDITIONAL trucks and/or trailers you own and/or operate at the same home base you listed in item 24.

	Number
Pickups, small vans	443
Straight trucks	444
Truck-tractors (power units)	445
Trailers (semi- and/or full)	446
Converter dollies	447

**Item 32 - REMARKS** - Please use this space for any explanations that may be essential in understanding your reported data.

**Item 33** - Person to contact regarding this report  
 Does this person have records on (or knowledge of) the daily activities of driver (stops, weight of individual shipments, destinations of shipments, etc.)?

1 ☐ YES 2 ☐ NO

Name \_\_\_\_\_  
 Address (Number and street) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Daytime telephone number \_\_\_\_\_ Area code \_\_\_\_\_ Number \_\_\_\_\_ Extension, if any \_\_\_\_\_  
 If this vehicle has a fleet number, please enter it here \_\_\_\_\_